

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890260

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1											
2	/										
3	2-1										
4	1-1										
5	1-1										
6	1										
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50											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS	1	1	1	1	1	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS